

12-10-61
MRS. ALBERT D. LASKER
CHRYSLER BUILDING
NEW YORK 17, NEW YORK
TELEPHONE YUKON 6-7110

April 25th, 1961

Dear John:

I tried to reach you on the phone to suggest some major points which I hope you will see get into the House report.

I am attaching some suggested language for the National Institute of Mental Health. The other points I had in mind are as follows:

1. A specific amount of money should be earmarked for clinical drug trials. The National Advisory Heart Council has voted to go ahead with the trials of three drugs. In one group of patients, they will try to see whether or not the first heart attack can be prevented. In another group of patients, they will try to see if the drugs can cut the death rate and prevent the second heart attack.

These clinical drug trials, which can change the treatment of heart attacks in the United States, need to be done on a large and conclusive scale, and I suggest that \$5 million should be specifically allocated for this purpose.

In addition, substantial funds are needed for pilot trials of other substances which used alone or in combination might lower cholesterol levels and reduce the death rate. Three million dollars should be earmarked for such pilot trials, making a total of \$8 million for clinical drug trials.

2. Another specific recommendation is for the establishment of research and training centers in anesthesiology. The cause of mental retardation in many children is improper use of anesthesia at birth, I am told by Dr. Farber. The whole area of anesthesiology has been largely over-looked by the National Institutes of Health, and there are already three groups ready for such centers if specific funds were allocated. Many other groups would apply in the coming year. I suggest \$4 million be earmarked for anesthesiology research and training centers.

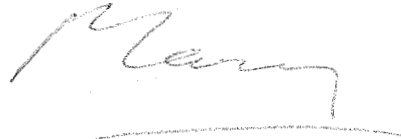
3. You have probably heard a lot about the need for funds

for the renovation and reconstruction of research laboratories for people who have center grants. I suggest that they be allowed to use up to \$100,000 for such renovation and that this be stipulated in the language of the report.

I do hope these suggestions will arrive in time for inclusion in the Committee report.

Warmest wishes always,

Yours,

A handwritten signature in cursive script, appearing to read "Mary", with a horizontal line underneath it.

Congressman John E. Fogarty
House Office Building
Washington 25, D. C.

NATIONAL HEART INSTITUTE

Five million dollars is earmarked for large scale clinical drug trials. The National Advisory Heart Council has voted to go ahead with the trials of three drugs. In one group of patients, they will try to see whether or not the first heart attack can be prevented. In another group of patients, they will try to see if these drugs can cut the death rate and prevent the second heart attack.

These clinical drug trials, which can change the treatment of heart attacks in the United States, need to be done on a large and conclusive scale.

In addition, \$3 million is specifically allocated for pilot trials of other substances which used alone or in combination might lower cholesterol levels and reduce the death rate. Thus, an expenditure of \$8 million is recommended for clinical drug trials.

DIVISION OF GENERAL MEDICAL SCIENCES

The Committee recommends the establishment of research and training centers in anesthesiology. Authorities in the field who have appeared before the Committee have stated that the cause of mental retardation in many children is improper use of anesthesia at birth. The whole area of anesthesiology has been largely over-looked by the National Institutes of Health, and the Committee therefore recommends the allocation of \$4 million for the establishment of these centers.

In connection with the renovation and reconstruction of research laboratory facilities for research center grantees, the Committee recommends that these grantees be allowed to use up to \$100,000 for such renovation for the most efficient use of their laboratory space.

Additional funds should be provided for information purposes so that both the medical profession and the general public can know promptly of the latest advances in the field of medical research.

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Suggested Language on Mental Health

For House Appropriations Report, Fiscal 1962

Mental Health Activities - The bill includes \$105,824,000, \$17,500,000 above the amount requested but only \$4,924,000 above the appropriation for Fiscal 1961.

A year ago, the committee noted its satisfaction with nationwide progress in the fight against mental illness. During 1960, this progress was accelerated with a resultant drop of 6,600 patients in our state mental hospitals.

At the end of 1960, there were approximately 535,000 patients in our state mental hospitals, a significant reduction of more than 23,000 patients since the psychiatric drugs were introduced on a wide scale in 1955.

However, we still have a long way to go. In March of this year, the Joint Commission on Mental Illness and Health reported to the Congress that severe shortages of psychiatric personnel in state mental hospitals meant that only one-half of the resident patients were receiving active treatment.

In the face of these shortages, it is quite puzzling to this committee that the amount asked for training is the same as last year and about the same as the year before. The Administration figure is far below the level of training applications; officials of the National Institute of Mental Health told the committee that approximately \$8 million worth of scientifically approved training applications would be turned down this year because of lack of funds, and an

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estimated \$11 million in training applications would be turned down in Fiscal 1962 if the proposed Administration figure is retained.

The committee therefore recommends an additional \$8 million over the Administration figure for the regular training programs of the Institute.

The program for the training of general practitioners in psychiatric skills, which has moved forward at a consistent pace since its establishment three years ago, is now being held back by arbitrary budget restrictions. For example, an Institute directive limits to four the number of general practitioners a university can train in the full three-year psychiatric residency program.

The demand on the part of general practitioners for this psychiatric training continues at an amazing rate. The committee therefore recommends an additional \$2 million for this program and requests the Institute to remove any arbitrary restrictions on the number of trainees per institution.

The training of research fellows still dawdles along at a very slow pace. The Administration request for \$2,390,000 for this program is the same as last year's request and will lead to an appreciable backlog of scientifically approved applications which cannot be funded. The present shortage of psychiatric research workers is holding back research projects in all parts of the country.

The committee therefore recommends an additional \$1 million for the research fellowship program of the Institute.

The committee finds it hard to understand why the clinical research center program is moving so slowly at the National Institute of Mental Health, particu-

larly in comparison with progress in the center programs of its sister Institutes. This Institute has a distinct advantage over the other Institutes inasmuch as there are already in existence special psychiatric institutes and sizeable research units in a number of state mental hospitals which already have the formal structure and the patients necessary for the establishment of clinical research centers.

The need for such clinical research centers in the field of mental illness should be obvious. The Joint Commission report estimates that only 20% of state hospitals are participating in new treatment innovations. Certainly this fact alone demonstrates the need for regional research and training centers to close the gap in the application of new knowledge in the fight against mental illness.

The committee therefore recommends an additional \$3 million for the clinical research center program.

The federal matching grant program for mental health clinics and community services has stimulated a tremendous state and local effort in this area. It is estimated that the states and localities invest more than ten times the federal grant in these clinics and related services. However, the smaller states with low revenues receive a minimum federal grant of only \$40,000 for clinical services.

The committee therefore recommends an additional \$2 million for state control programs, with the major portion of the increase devoted to increasing the minimum allocation per state.

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A year ago, this committee allocated the special sum of \$1 million for research, demonstration and training programs designed to reduce the incidence of juvenile delinquency. We regarded this sum as the initial step in a long-range program designed to make some inroads upon a problem which is growing in its severity each year.

For the coming year, the committee recommends \$2½ million for the fight against juvenile delinquency. It suggests that a sizeable portion of the increase go into the training of skilled personnel who can work effectively with juvenile delinquents in community-action projects.